

[In spite of the argument which is advanced to show that the ethyl bromide was not responsible for the fatal termination, we are of the opinion that the verdict of death from ether should have been, in this case, at least the Scotch one, not proven.—R. W. W.]

THE DANGER OF NECROSIS IN DIABETICS.

DR. ERNST BECKER believes with König, that operations should be carried out with particular attention being paid to two facts: 1. Absolute local antiseptic procedure. 2. Preliminary anti-diabetic diet. In all cases the attention should be called to the probability of diabetic coma following the narcosis. Two fatal cases are reported in which the death could not be attributed to the operation.—*Deutsche medicinische Wochenschrift*, 1894, No. 16, S. 359.

[Not only should the warning be published as to the possibility of a fatal result following operative interference, but as well the fact, first pointed out by Verneuil, be borne in mind that a latent glycosuria may be roused to activity by surgical intervention.—R. W. W.]

THE TREATMENT OF MULTIPLE NEURITIS.

DR. E. LEYDEN believes that the prophylactic treatment consists in avoiding too early getting out and too great muscular exercise after convalescence from acute diseases; the abstinence from alcohol, the avoidance of lead-poisoning, and the importance of an anti-diabetic diet. For specific treatment mercury has been used, but it fails, as in the case cited. Occasionally, the salicylic preparations yield good results, and this also can be said of potassium iodide. Of more importance are anodyne remedies, the salicylates, antipyrine, phenacetin, exalgin, euphorin, and of late methylene-blue has been recommended. In more severe pain morphine, chloral, and sulphonal are required the first, finally subcutaneously. Other drugs must be used according to the symptoms, as stomachics, analeptics, roborants. Massage and baths—the latter in the later stages of the disease—are a useful addition to the treatment. A remedy—strychnine—formerly considered of importance in peripheral, hysterical and anæsthetic paralyses, may be valuable when used in these cases. This should be given subcutaneously in doses of one, two, or three sixty-fourths of a grain twice daily. Rest is of great importance, in order that the pain may be lessened. Exercise for the unaffected parts of the body is necessary. The diet should be generous in order to put the atrophied and degenerated muscles in the best possible condition. It is necessary at all times to encourage the patient in order that he may not become discouraged on account of the long duration of his illness and his slow progress toward recovery.—*Berliner klinische Wochenschrift*, 1894, Nos. 19, S. 439; 20, S. 472.

THE TREATMENT OF THE URIC ACID DIATHESIS.

DR. JOHN F. BARBOUR points out the chemistry and physiology of this condition, quoting from well-known writers upon the subject. The relations of this condition to gout, articular rheumatism, migraine, cutaneous affec-

tions on the one hand, and to certain nervous diseases on the other, as neurasthenia, hysteria, epilepsy, hereditary forms of insanity, general paresis, locomotor ataxia, the pathology as it is shown in the kidneys, bloodvessels, and the nervous system, are carefully presented. In the acute attack, piperazine seems to give the speediest results, and of the use of this remedy three cases are reported. Fifteen grains of the drug, dissolved in one ounce of water, are to be used each day. This is to be further diluted by the addition of a small quantity of this solution to each tumbler of drinking-water, and the free use of water both externally and internally is recommended. It is believed that this method eliminates the excess of uric acid and aborts the further diathesis. The treatment of the diathesis is entirely hygienic and dietetic; the patients should keep a perpetual lent. "They are like a smoky flue; everything must be done to increase the draught." The diet should be non-nitrogenous, and the patient should take abundant exercise in the open air.—*The American Therapist*, 1894, No. 12.

THE POST-MORTEM DETECTION AND ESTIMATION OF STRYCHNINE.

MR. ALLERTON S. CUSHMAN finds that the greatest difficulty which presents itself is the separation of the alkaloids from the various extractive fatty, sugary, and pigmentary matters derived from the stomach contents or organs under examination. The danger of error has also been noted from the formation of cadaveric alkaloids or ptomaines in decomposed bodies, which may in some of their reactions simulate those of strychnine. While this is probably true, it is not likely that any alkaloidal substance other than strychnine itself could be mistaken for it, if all possible tests, chemical, physiological, and morphological be tried. It is important that the quantity of strychnine should also be determined. A method of analysis is presented by which it is believed that 84 per cent. of the strychnine present in complex organic mixtures can be recovered, and two cases are reported which tend to show that this opinion is based upon correct reasoning and chemical procedure.—*Transactions of the Academy of Science of St. Louis*, 1894, vol. vi., No. 17.

THE TREATMENT OF PYOTHORAX.

DR. CARL BECK presents a convincing argument for the treatment of the condition by free incision, excision of rib, thorough evacuation, and drainage, the whole under antiseptic precautions. The technique is so much improved that it is no longer a formidable operation.—*New York Medical Record*, 1894, No. 1228, p. 622.